



JTW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:) Docket Number: 1147
Fleming) Group Art Unit: 3644
Serial Number: 10/729,465) Examiner: Yvonne R. Abbott
Filed: 12/06/03)
For: Non-Slip Pads For Animal Paws

CERTIFICATE OF MAILING

The below items are enclosed with this letter for filing in the above-identified patent application:

1. An amendment of (10) pages
2. Check in the amount of \$43.00 for extra claims

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as First Class Mail addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

on: 7/22/04

Donald Ersler
Donald Ersler

Dated: 7/22/04

FEES FOR CLAIMS

The fee for claims (37 CFR 1.16(b)-(d)) has been calculated below:

| Claims | | | | | | | |
|--------------------------|-------------|---------|------|---------------|------------|-------|--|
| Remaining | Highest No. | | | | | | |
| After | Previously | Present | | Addit. | | Addit | |
| Amendment | Paid For | Extra | Rate | Fee | Rate | Fee | |
| Total | 19 | -- 20 | = 0 | x 09 = \$ 0 | x 18 = \$ | | |
| Indep. | 4 | -- 3 | = 1 | x 43 = \$ 43 | x 86 = \$ | | |
| Multiple Dependent Claim | | | | x 145 = \$ 43 | x 290 = \$ | | |

* Small Entity Status

* Total \$ 43 Total \$
Addit Fee Addit Fee

No additional fee for claims is required
☒ Total additional fee for claims required \$ 43.00

FEE PAYMENT

Attached is a check in the sum of \$ _____
Charge Account No. _____ the sum of \$ _____

A M E N D M E N T

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated July 16, 2004, please
amend the above identified patent application as follows: